

Individual Differences, Classroom Teaching

A Different Child

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Ashleigh is a pleasant, rather petite 12 year-old, seventh grader. A quick smile almost always accompanies introductions with friends and teachers at school. She attends a public middle school and her progress has been comparable to school peers. Ashleigh appears to be your “average” adolescent, however, her current accomplishments are quite remarkable given earlier life events.

Medical History

At the age of ten Ashleigh accompanied a friend to a local amusement park. The two girls and the friend’s father were traveling in a station wagon when their car crossed the center line and struck a telephone service truck. Ashleigh was an unrestrained back seat passenger in the head-on collision. The front of the passenger side of the automobile was completely destroyed; amazingly the father and friend avoided serious injury.

Unfortunately, Ashleigh was thrown forward into the front cab area. When removed from the car at the accident scene she was unconscious without a stable pulse. A pediatrician who happened to be in the blocked traffic examined her and requested emergency air service to the hospital; a decision that most likely saved Ashleigh’s life.

In the emergency room Ashleigh had a depressed right temporal skull fracture with hematoma. She had experienced a Traumatic Brain Injury (TBI). Her skull was caved in on the right side above the ear and internal bleeding in that area of the brain was found. A ruptured spleen was detected along with broken bones in the right hand. She was stabilized at the hospital and the next day underwent a craniotomy to elevate the bone plates of the skull. Considerable edema or intracranial fluid pressure was evidenced.

Two weeks postoperative she had decreased muscle tone in the right face and had difficulty extending her left arm. Little, if any, spontaneous speech was noted and she was still disoriented to time and place. Ashleigh spent a total of 51 days in the hospital and upon her discharge continued to receive occupational and speech therapy on a weekly basis.

While hospitalized a psychoeducational evaluation was conducted. Ashleigh's cognitive functioning was significantly impaired, particularly in the non-verbal, immediate problem-solving areas. In fact, her overall ability performance fell almost two standard deviations below (below the fifth percentile) her age peers. Depressed or impaired cognitive functioning after a head injury is typical with skills such as focused attention, concentration, etc. being affected (Carney & Gerring, 1990; Farmer & Peterson 1995). On the other hand, her average reading achievement performance indicated adequate reading skills. However, her math and written language performances were significantly weak relative to her reading achievement.

Her retention of math facts (e.g., multiplication tables) appeared to be quite fragmented; requiring extensive review and relearning. Confusion over correct operations (i.e., addition or subtraction) and sign recognition was also demonstrated. Written production was also difficult due to her hand injury. In addition, Ashleigh had difficulty completing and connecting ideas in her writing assignments. Concomitant with her academic dysfunction was a pervasive memory problem, especially in the area of short-term recall. Retaining new information was difficult even with repeated exposure and practice.

Prior to the accident, Ashleigh had been an "A" student with a strong academic skill foundation. Her current academic profile represented a drastic change in

functioning. Moreover, Ashleigh was keenly aware of her low test performances and how others might view her as stupid or even retarded.

When Ashleigh returned home she refused to socialize with her friends. Her apparent withdrawal was not pressed by her parents and after a couple of weeks the desire to have a friend or two over to the house emerged. Her friends were very accepting which went a long way in building Ashleigh's confidence for the upcoming school year. In late August, she returned to school and was placed in a regular fifth grade classroom.

A child with TBI creates many challenges in the classroom setting. Nevertheless, the key is approaching each child as a unique individual; thereby necessitating professional flexibility and the willingness to learn and truly understand his or her special needs. The likelihood of having a child with a head injury enter your regular classroom is not that remote. Read on to find out how Ashleigh's fifth grade teacher responded to this educational challenge.

Mrs. Smith, Ashleigh's teacher, was notified during the summer that Ashleigh had been in a car accident and that some informative documents were already in the cumulative folder. Fortunately, Mrs. Smith had attended a workshop on TBI and was somewhat familiar with the research in this area. After reviewing the file, Mrs. Smith developed a comprehensive action plan. Let's examine several key factors that Mrs. Smith considered and developed as part of Ashleigh's educational plan.

I. Parent Involvement

Several weeks prior to the beginning of school Mrs. Smith scheduled a meeting with Ashleigh's parents at their home. Upon her arrival, Mrs. Smith invited Ashleigh to sit in on the conversation, but she chose to move in and out of the room. Ashleigh's parents reported that she was a different child after the accident. Ashleigh now had

difficulty with organization (e.g., her room, a schedule for attending tennis practice, etc.) and experienced sudden behavioral outbursts due to a much lower frustration threshold. Thankfully, Ashleigh's gross motor skills had improved and she was back playing tennis for her school team.

Ashleigh also seemed less aware of socially appropriate behaviors. For example, she was beginning to annoy friends because of verbal "bluntness" regarding their general appearance and dress. She quickly blurted out inappropriate and insensitive comments, on several occasions, without considering the ramifications of her words on their feelings. These types of comments were never generated before the accident.

Mrs. Smith listened intently to the discussion. In fact, she spoke very little. It was important for the parents to inform her of their experiences, perceptions, and general knowledge regarding Ashleigh's changed behavior. Mrs. Smith did emphasize the importance of keeping lines of communication open so that awareness of any important changes or events in Ashleigh's life could be maintained. Before leaving she gave them her e-mail address in order to ensure "accessibility".

II. School Team

During the first week of school Mrs. Smith formed a school partnership team with Ashleigh, her parents, the building principal, the school psychologist, last year's fourth grade teacher, the school nurse, as well as with the medical/rehabilitation staff. This was done in order to increase communication, collaboration, and cooperation among the primary individuals involved with Ashleigh, particularly the parents who were considered essential team members. Conoley and Sheridan (1996) have found much greater success for children with brain injuries when parents and teachers work together as part of a

unified service team to better address the comprehensive, and changing, needs of a child with TBI.

Information and clarification was sought from the psychological and medical staff on the extent of the impairment and the projected recovery course. In particular, the potential side effects of Ashleigh's seizure medication were discussed. Information on occupational and speech therapy goals was also shared with the team. Present and possible future family issues and pressures were explored. For example, Mrs. Smith inquired about how Ashleigh's older sister was coping with all the changes associated with the accident. Often times so much attention and/or resources are focused on the child with TBI that the siblings and their issues go unnoticed (Begali, 1992; Waaland & Kreutzer 1988). The team met on a periodic basis, approximately once a month, throughout the school year.

III. Personal Contact

During the first week of school Mrs. Smith attempted to talk with Ashleigh, yet she remained uneasy in discussing anything related to the car accident. Nevertheless, the initial school plan (developed by the team) was fully explained to Ashleigh and the focus of providing the best learning opportunities was emphasized. Ashleigh appeared to appreciate the time and attention that was directed toward her needs. It was clearly indicated that Ashleigh's input into the plan was respected. The primary school issue, according to Ashleigh, was her handwriting difficulty. It was jointly decided that a computer could be used for many assignments (e.g., spelling tests, in-class writing assignments). Ashleigh was asked about what information she would like to share with the rest of the class regarding her injury. She was comfortable with only sharing

information about the car accident. Mrs. Smith spoke to the class about the accident during the second week of school.

IV. Instructional Planning

In regards to the academic arena, records and samples of schoolwork were reviewed along with the test scores from the psychoeducational evaluation. Mrs. Smith took the approach that she was now working with a “new” student and she needed to gain as much information as possible. After reviewing the literature, Mrs. Smith decided that instructional modification was essential in order to meet Ashleigh’s needs; consequently the Structure, Organization, and Strategies (SOS) model (D’Amato & Rothlisberg 1996) was implemented.

The SOS model emphasizes high external structure involving consistent classroom routines, clear and repeated instruction, work completion monitoring, along with necessary instructional adjustments (e.g., additional time limits for work completion, tutorial support, work projects broken into several parts, assignment sheets, etc.). Instructional strategies such as direct instruction, modeling, role-playing, along with compensatory learning strategies are also recommended based on the child’s individual needs.

Simple, concrete, and straightforward directions were important and needed in order for Ashleigh to accurately complete her assignments. Direct modeling of any new behavior or procedure (e.g., running a new program on the computer) was also important. Multiple practice sessions along with opportunities to refine her newly developed skills were essential. Normal class activities and when they occurred were written down and placed in Ashleigh’s folder. A master schedule was also located on the blackboard and at

the teacher's desk. Almost all work assignments were broken down into smaller units and extended completion time was provided. Ashleigh worked with an in-class tutor on review of basic math facts, computation, and math application exercises for approximately 45 minutes a day.

Mrs. Smith also realized that she would need to focus on Ashleigh's primary processing or learning channels. In conjunction with Ashleigh, they generated a list of alternative ways she could demonstrate her learning in the classroom. For example, Ashleigh loved to draw and frequently chose a visual display format to demonstrate for her learning progress. Mnemonic devices that would assist her in remembering certain facts were also explored.

V. Classroom Structure

Exceptional classroom order and control was provided prior to Ashleigh's arrival, which was particularly helpful as she could immediately depend on a predictable daily routine. For instance, the day's events were written on an erasable board at the front of the classroom. A time schedule of each class subject and event was provided. Any change in the normal routine was noted at the beginning of the day. Routines were established for basic services including the use of the restroom, changing classes and/or rooms, going to lunch and recess, etc. Mrs. Smith discussed each routine with Ashleigh. She also assigned a class "buddy" to accompany her for a while.

All assignments were written on the board and at the end of the day, if not completed, the students recorded the assignments in their individual assignment books. When necessary, Ashleigh was given physical assistance in copying the assignments.

Every effort was made in order to ensure that Ashleigh took her assignments home.

Additional individual accommodations included a reduction in the amount of work given and the extension of assignment deadlines.

VI. Instructional Organization

In the area of instructional organization, a particular focus on minimizing transitions and “down time” was maintained. Shorter periods of sustained attention were required. A “hands-on” learning approach was taken where Ashleigh and her classmates were actively involved, complete with personal significance and meaning if possible, with the subject matter (e.g., living history scenarios, actually digging for fossils, etc.).

One consistent instructional routine used was the providing of new vocabulary words as well as a checklist of activities and assignments for a particular unit prior to its introduction in the class. The written responses in the unit were lessened while more oral responses were substituted. Consistent review and recycling of covered material was increased in order to maintain retention and comprehension.

VII. End of Year Progress

Ashleigh completed the fifth grade and was promoted on to the sixth grade. Her math performance steadily improved over the school year. However, Ashleigh continued to evidence written language problems. Nevertheless, many positive outcomes were evidenced and were brought about primarily through a well-organized and collaborative school plan. Ashleigh was indeed fortunate to have Mrs. Smith as her teacher. Her professional skills, combined with the direction and support of the school team, provided for an effective, proactive plan to address Ashleigh’s needs in the regular classroom.

In addition, Mrs. Smith benefited from current and useful information and resources on TBI (Begali 1992, Witte 1998).

Questions:

1. Ashleigh required a different learning environment with a variety of implications for the teacher. What were these additional implications?
2. How would you rate Mrs. Smith's instructional approach with Ashleigh in her classroom?
3. If faced with the reality of teaching a child with a TBI what would you do? What steps would you follow? Why?
4. What do you think Ashleigh will have to do in order to maintain her progress in school?